

## Connecting Mothers and Babies to Services



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[www.HealthyMS.com/phrm](http://www.HealthyMS.com/phrm)



MISSISSIPPI STATE DEPARTMENT OF HEALTH

PHRM/ISS

## Perinatal High Risk Management Infant Services System (PHRM/ISS)



**PHRM/ISS works to meet the needs  
of each individual family**

**PHRM/ISS assists physicians by providing patients  
with health education and linkages to health  
and social services**

*The Mississippi State Department of Health provides  
a voluntary case management, home visiting program  
for Medicaid-eligible high-risk pregnant women  
and infants at no cost to the physician's office.*

## Maternity Risk Screen Form

## Pregnancy to 60 Days PP

Name _____	DOB ____/____/____	Marital Status _____
Beneficiary Address _____	Telephone Number _____	
Social Security Number _____	Medical Number _____	
Education: Check highest grade completed 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>		
Negative Risk Screen Date ____/____/____	Positive Risk Screen Date ____/____/____	
First Prenatal Visit with my provider ____/____/____	EDC ____/____/____	
Provider Referred To _____	Appointment Date ____/____/____	
Provider Address _____	Provider Telephone Number _____	
Provider Signature _____		

<input type="checkbox"/> 640 _____ Threatened abortion <input type="checkbox"/> 648 _____ Diabetes <input type="checkbox"/> 642 _____ HTN affecting pregnancy/childbirth <input type="checkbox"/> 278.01 Morbid Obesity <input type="checkbox"/> 795.71 Infection, HIV <input type="checkbox"/> 641 _____ Placenta previa <input type="checkbox"/> 643 _____ Hypertensis <input type="checkbox"/> 645 _____ Late Pregnancy (>40 weeks gestation) <input type="checkbox"/> 647 _____ Infectious/parasitic conditions <input type="checkbox"/> 646 _____ Insufficient weight gain $\leq$ 5 lbs @ 20 Weeks or $\leq$ 10 lbs @ 30 weeks <input type="checkbox"/> 648.20 _____ Anemia < 30 HCT 10/HGB <input type="checkbox"/> 651 _____ Multiple gestation <input type="checkbox"/> V60.0 _____ Homeless	<input type="checkbox"/> 653 _____ <input type="checkbox"/> 654 _____ Disproportion and/or abnormality of origins and pelvic soft tissue abnormalities <input type="checkbox"/> 655 _____ <input type="checkbox"/> 656 _____ Known or suspected fetal or placental abnormalities <input type="checkbox"/> 657 _____ <input type="checkbox"/> 658 _____ Polyhydramnios and/or other problems affecting amniotic cavity membranes <input type="checkbox"/> 659 _____ <input type="checkbox"/> 660 _____ Check one <input type="checkbox"/> V23.2 Habitual abortion, fetal death, no intervening pregnancy <input type="checkbox"/> V23.5 EDC $\leq$ 14 months after previous delivery <input type="checkbox"/> V23.7 Insufficient/no prenatal care/late to care <input type="checkbox"/> V23.81 Age $\leq$ 40 Primigravida <input type="checkbox"/> V23.82 Age $\leq$ 40 Multigravida <input type="checkbox"/> V23.83 Age $\leq$ 16 Primigravida <input type="checkbox"/> V23.84 Age $\leq$ 16 Multigravida <input type="checkbox"/> V23.89 Premature Labor
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## How to refer your patients to the PHRM/ISS program

- Print out and complete the infant and/or maternity screening form at **HealthyMS.com/phrm**.
- A physician, physician assistant, nurse practitioner or nursing midwife will sign the form(s) using his or her professional title, telephone number and address.
- Fax completed forms to the PHRM/ISS program at **601-576-7825**.

## About the PHRM/ISS Program

The PHRM/ISS staff provides face-to-face and home visits utilizing research-based health education, reinforcing and educating on:

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|--|---|
| • Benefits of breastfeeding                                      | • Pregnancy nutrition                         |
| • Safe sleep practices   | • Prenatal/Postnatal care                     |
| • Completion of health insurance paperwork                       | • Reproductive life planning                  |
| • When to follow up with a provider, or go to the emergency room | • Appropriate infant developmental milestones |
| • Importance of immunization                                     | • Education on pregnancy stages               |
| • Medication compliance  | • Developmental stages                        |

## Infant Risk Screen Form

## Birth to Age 1

Name _____	DOB ____/____/____
Address _____	Telephone Number _____
Medical Number _____	PHRM/ISS Mother? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Name and/or Medical Number _____	
Positive Risk Screen Date ____/____/____	Provider Referred To _____
Provider Telephone _____	
Negative Risk Screen Date ____/____/____	
Appointment Date ____/____/____	Provider Signature _____
Provider Telephone Number _____	Physician, Physician Assistant, Nurse Practitioner, or Nurse-Midwife
Provider Address _____	

<input type="checkbox"/> 759.9 Chromosomal or congenital anomaly Moderate or severe <input type="checkbox"/> V29.8 Impairment: Hearing/Motor or Orthopedic Vision <input type="checkbox"/> 771.2 Infection-Congenital <input type="checkbox"/> V21.33 Very low birth weight < 1500 grams <input type="checkbox"/> V21.35 Low birth weight < 2500 grams <input type="checkbox"/> V29.8 NICU Grad > 7 days <input type="checkbox"/> 783.41 Weight for length or head circumference < 5th percentile or channel's (LIC) <input type="checkbox"/> 783.41 Failure to Thrive (FTT)	<input type="checkbox"/> V88.49 Major Surgery or Traumatic Injury <input type="checkbox"/> V46.9 Technology/ Dependent at Discharge <input type="checkbox"/> 984.9 Blood lead level > 10mcg/dl <input type="checkbox"/> V13.7 (PK) Age $\leq$ 16 Primigravida (PK) <input type="checkbox"/> V13.7 (MG) Age $\leq$ 16 Multigravida (MG) <input type="checkbox"/> V13.7 Late to prenatal care < 5 visits (LIC) <input type="checkbox"/> V60.0 Homeless <input type="checkbox"/> 202.60 Sickle Cell Disease <input type="checkbox"/> 783.41 Failure to Thrive (FTT)
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